

ASSIGNMENT, AUTHORIZATION, and SPECIAL POWER OF ATTORNEY

I, Brennan Cain, do hereby ASSIGN, AUTHORIZE, and grant SPECIAL POWER OF ATTORNEY, to the University of Wisconsin Hospitals & Clinics for the purpose of collection against any and all insurers, government assistance programs, and/or any possible payors that may be responsible for the payment of medical expenses incurred in connection with treatment rendered at the University of Wisconsin Hospital & Clinics, and/or its affiliates, subject to the following terms:

1. I authorize University of Wisconsin Hospital & Clinics to bill any payor and request that such payment be made directly to University of Wisconsin Hospital & Clinics. I certify that the information given about my insurance coverage or other payment sources is true and correct;
2. I assign to University of Wisconsin Hospital & Clinics all rights to insurance payments or other benefits to which I may be entitled for services provided to me by University of Wisconsin Hospital & Clinics. I authorize University of Wisconsin Hospital & Clinics to act on my behalf and as my representative in all matters arising out of collection for services provided, including but not limited to requesting reconsideration by my managed care plan or utilization review entity for both internal and external coverage or grievance review;

I authorize University of Wisconsin Hospital & Clinics to release any medical or other information regarding this hospital stay, services provided by University of Wisconsin Hospital & Clinics, or services required by third parties, to the extent necessary to obtain payment from any insurer or other payor. I also authorize University of Wisconsin Hospital & Clinics to release any medical or other information as may be required by my insurer, other payors, or government agencies or their designees for review of the care provided;

I assign to University of Wisconsin Hospital & Clinics, any and all state and federal common law and statutory rights and/or standing that I may have to pursue collections in my own right.

I agree to nominate, constitute, and appoint University of Wisconsin Hospital & Clinics, any affiliates thereof, and/or its counsel to be my true and lawful attorney in fact, to act in my name, place, and stead, and for my use and benefit, a Special Power of Attorney to endorse and deposit into its checking accounts, any check made payable to me and/or University of Wisconsin Hospital & Clinics, which have been received as a result of the collection efforts on my behalf in satisfaction of medical treatment

Date

9/26/11

Name

Temple E Palmer
guardian

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